Supplementary file 1: Vulnerabilities and constrained agency revealed in family treatment-seeking stories and encounters with research

	Vulnerabilities	Indications of agency
In the home OR COMMUNITY	Intrapersonal - Carers' poor physical and mental health and wellbeing - Anxieties about child health and well-being, and about elements of the research	Intrapersonal Mothers' actions to help their child: - Visiting many facilities - Shifting, repeating and mixing sources of care
	Interpersonal - Complex family situations & dynamics - Family members living in split households - Carers' limited access to or control over income - Changes in living arrangements - Carers' facing psychological or physical abuse — including potentially blame for agreeing to or refusing their child's agreement in research	- Accessing care on credit Interpersonal - Accessing support from others in the home and community (including research related elements) - Seeking out and acting on advice - Securing funds (& loans)
	Environmental – socio-economic & cultural Low access to funds and competing demands for funds, including small research related reimbursements Symptoms perceived as normal or to require treatment from healers	 Working with others to persuade husbands Negotiating for delays in payments Seeking and giving support to others
Interactions with facilities, research(ers) and broader health systems	Intrapersonal - Emotional and practical concerns about child/ren and about quality and costs of care; sometimes exacerbated and sometimes eased by (because asked about) research participation Interpersonal - Power relations between staff & parents - Being treated with disrespect - Fear to ask questions, share info or demand attention - Lack of trust in care and advice given - Anxieties about whether will get research results Environmental - socio-econ, cultural & institutional - Cost or distance from desired facilities - Avoiding facilities considered poor quality or costly - Unclear or conflicting referral and continuity of care	Environmental – socio-economic and cultural, and institutional Reorganising living arrangements Rethinking feeding arrangements Changing work practices Demanding information and support from health providers, cleaners, security guards and others in health facilities Research specific Refusing the blood sampling element of research participation Choosing to consent to the study and stay in it despite rumours being raised and shared by other mothers in the wards, and others in their homes and communites